

1.) CORPORATION NAME:

**Innovative of Pennsylvania Agency, Inc. (USED INVA BY:
Innovative Underwriters, Inc.)**

DUE DATE: **4/30/2013**

SCC ID NO: **F1743121**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1700 MARKET STREET
32ND FLOOR

CITY/ST/ZIP: PHILADELPHIA, PA 19103

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID J DECKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1700 MARKET STREET 32ND FLOOR		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	JOHN FLANNIGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	DAVID JACOBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	KIMBERLY KIRSOPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	THOMAS KUKTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1700 MARKET STREET 32ND FLOOR		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN A ROCHFORD-MITCHELL VICE PRESIDENT 1700 MARKET STREET 32ND FLOOR PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY BELFER TREASURER 7 HANOVER SQUARE NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGHERITA L DIMANNI SECRETARY 7 HANOVER SQUARE NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACY RICH ASST SECRETARY 7 HANOVER SQUARE NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL FERIK CHAIRMAN 7 HANOVER SQUARE NEW YORK, NY 10004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID J DECKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID J DECKER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/13/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			